

Lincare  
3334 Adobe Court  
Colorado Springs, CO 80907

Location: 90 08 73 17

Telephone: 719-473-1880  
Fax: 719-578-5289

**Patient Information:**

Start Date:

Name:

Address:

HICN:

Phone:

DOB:

Diagnosis:

ICD9:

Equipment:

Known allergies:

☒ Nebulizer - E0570

Other: A7003 Admin set, small vol disposable Neb

☐ Yes ☐ No Have you considered the use of an MDI prior to prescribing unit dose?

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Medications:

Other: \_\_\_\_\_

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**PHYSICIAN:**

Name:

Address: 7500 Cochrane Circle  
Ft Carson, CO 80913

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

UPIN#: VAD000

\_\_\_\_\_  
DATE

PHONE: 719-526-7653

EQUIPMENT/OTHER LENGTH OF NEED: 99